PTO/SB/22 (10-07)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006		Docket Number (Optional) ACIZ-P01-004					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		ACIZ-	P01-004				
Application Number 10/726,343		Filed December 2, 2003					
For ORTHOPEDIC APPLIANCE WITH MOISTURE MANAGEMENT SYSTEM							
Art Unit 3764		Examiner	G. E. Richman				
This is a request under the provisions of 37 CFR 1.136 application.	(a) to extend the peri	od for filing a reply in the	ne above identified				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
	<u>Fee</u>	Small Entity Fee					
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$				
x Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ 460.00				
Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$				
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$				
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$				
Applicant claims small entity status. See 37	CFR 1.27.						
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
x The Director has already been authorized to charge fees in this application to a Deposit Account.							
X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to							
Deposit Account Number 18-1945	. I have enclo	osed a duplicate copy	of this sheet.				
WARNING: Information on this form may become Provide credit card information and authorization	public. Credit card inf on PTO-2038.	ormation should not be	included on this form.				
I am the applicant/inventor.							
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
x attorney or agent of record. Re	egistration Number	48,533					
attorney or agent under 37 CFF	R 1.34.						
Registration number if acting the	ınder 37 CFR 1.34						
1 hules dans		November 6, 2007					
Signature		D	ate				
Charles D. Larsen Typed or printed name		(617) 951-7085					
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more							
NOTE: Signatures of all the inventors or assignees of record of the than one signature is required, see below.	entire interest or their repre	esentative(s) are required. Su	bmit multiple forms if more				
X Total of 1 forms are subj	mitted.						

I hereby certify that this paper (along with any paper re	eferred to as beir	ng attached or enclosed	d) is being deposite	d with the U.S. Pe	ostal Service on
the date shown below with sufficient postage as First	Class Mail, in an	envelope addressed to	: MS Amendment	, Commissioner fo	or Patents, P.O.
Box 1450, Alexandria, VA 22313-1450.	\circ	7			,

Dated: 11/10/07

Signature:

(Joanne Ryan)

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